| FOR INSTRUCTIONS, SEE BACK OF FORM | • • • • • • • • • • • • • • • • • • • • | | FORM | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|------------------|-----------------------------|
| DISCLOSURE SUMMARY PAG | E | 1 | DR-2 | DISCLOSURE |
| COMMITTEE NAME (Must be same as on Statement of Orga | nization) | <i>(</i> - | (Rev. 05/2002) | REPORT |
| Carrall County Senscratic best | leal Committee | ee [| For Office Use C | enty OIAA I |
| IMPORTANT: Indicate type of committee you are reporting for: | | | Comm. # | <u> </u> |
| (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5.) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support State of Candidates | (4)County/Local Candidate Central Committee | | Audited | |
| CANDIDATE COMMITTEES ONLY: | | | Scan | nie |
| Candidate Name | Political Party | | <u> </u> | 22 |
| | District (if Senate or House | - | | 2010 DEC |
| Office Sought | District (ii Geriate of Front | _ | | C 29 |
| SIGNATURE OF TREASURER (of person thing this report) | 7/2-792-95 TELEPHONE | 3/7 | | <u> 30-30/</u> signed ယ့ |
| Routine Penalties Due For Late | Filed Reports Range | from \$ | 20 to \$800 | 2.5 |
| SEE INSTRUCTIONS ON BACK AND COMPLETE THE | FOLLOWING SENTEN | CE: | · | i, |
| AMFILING Adversary 30 2010 | | | /(2)NON-ELEC | TION YEAR. |
| (report date) | | Indicate o | | |
| | · . | | ommittees, enter | Date of Election |
| TOURON IL VINCIADMENT LO LIET CITT ON LES | <u> </u> | | | |
| ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.) | | | | es, enter County in |
| CASH ON HAND at the beginning of the reporting period. (This amount MUST be the same a | is the cash on hand at the e | nd | 5 | 91.98 |
| of the last reporting period, or must be zero if this is fi | rst report filed.) | | | |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | us A) /tales one in kind bais | | 4: | 20.00 |
| Schedule A: Cash Contributions total (Attach Schedu | | | | <u></u> |
| Schedule F: Loans Received total (Attach Schedule | | • | | |
| Schedule H: Total Sales of Campaign Property (Attac | | | | |
| (Schedule H applies to Candidates' Comm | | TAL | s 101 | 1.98 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | | ے سے | - 21/2 |
| Schedule B: Expenditures total (Attach Schedule B) | | | | 3.4.5 |
| Schedule F: Loan Repayments total (Attach Schedul | e F) | | · | |
| CASH ON HAND at the end of this reporting period (if final rep | oort, balance must | • | 115 | 965 |
| be zero) (Attach DR-3) | | | \$ | <u> </u> |
| "UNPAID BILLS (From Schedule D - Attach Schedule D) | | | \$ | |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche | | | | • |
| | | | | |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedu | 10 1 | | ¥ | |
| CANDIDATE COMMITTEES ONLY: | | | | res No |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | | <u> </u> | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta | ch Schedule H) | | > | |

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Jamesso

| SCHEDULE A (Rev. 06/97) | | MONETARY RECEIPTS | |
|-------------------------------|---------------|----------------------|--|
| 1F | CHE | CK THIS BOX | |
| 11 | AMENDING FORM | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|---------------------------------------|
| 10/18/10 | ID# CK# | Tundraise Vickets | | 345.00 | <i>C</i> |
| 10/8/10 | ID# | Fundraiser ticket | | 25.00 | im. |
| 19/28/10 | ID# | Jundraiser ticket Donation from Candidal Skeryl Wagnes for Supersus | ē | 5000 | |
| | ID# CK# | Therefore the state of the stat | · | | |
| | ID# | | · | | |
| | ID# CK# | | | , | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# | | | | |
| | ID# | | | | |
| | <u> </u> | | SUB-TOTAL | 42000 | |

TOTAL (If last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 09/97) | MONETARY EXPENDITURES |
|-------------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

| Carrol | CANDIDATE | NAME AND ADDRESS TO WHOM | PURPOSE | AMOUNT |
|-----------|-----------------|--------------------------|---------------------------------------|----------|
| DATE | ID NUMBER | EXPENDITURE | (DESCRIBE TRANSACTION) | EXPENDED |
| EXPENDED | (if applicable) | (Disbursement) WAS MADE | | |
| MM/DD/YR) | AND PAC | | | |
| | CHECK NUMBER | | | |
| ٠,٠ | !D# | Matt Campbell | Donation for Candida | - |
| 10/21 | | ang Campuell | John Correction | [n 00 |
| /18/ | CK# 265/ | 90.29 | To Corques | 1\$ 75 |
| 10 | <u> </u> | Scoup City ta 5/10/- | 1597 | |
| / | ID# | Cystian Cook | 500 P/c Carroll IVating | 93 |
| 1/5/ | | 858 F 16 30 | 500 P/c Carral 1 Value | 1115 |
| 17/10 | CK# 2452 | DO. B. 454 | 500 9c Carrel 3 Vale | 1700 |
| //- | | 0.0,000 63.70 | 3 Valena | • |
| 11/2/ | ID# | 200000 (20,005/40) | advertising + pecter | 50 |
| 718/ | CK# 24.53 | Herold Fullishing | | 307 |
| 110 | CK# 2653 | Carrall Some 31401 | Candidales | — |
| 1-/ | ID# . | traffic Builders Ald | Damain name Lenew | |
| 12/1/ | , | Allen War Carlotte | | |
| 111/2 | CK# 2454 | Toky present or suite | Web Hasting Kenewa | 65 |
| 110 | 0.727 | Carrell 6 5 1401 | 0 | |
| | ID# | | . • | |
| | 1 | | • | |
| | CK# | | | ' |
| | 1 1 1 1 1 | | | |
| | ID# | | | |
| | CK# | | | |
| | UN# | | | |
| | ID# | | · | |
| | | | | |
| | CK# | | | |
| | ID# | | | |
| | | , · | | |
| , . | CK# | 1 | | |
| | | | | |
| | , | | SUB-TOTAL | \$553.43 |
| | | | TOTAL (if last page of this schedule) | |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ______ of _____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

An Independent Agency of the Executive Branch

MEGAN TOOKER Executive Director & Legal Counsel 510 East 12th, Suite 1A Des Moines, Iowa 50319 Telephone 515-281-4028 Fax Line 515-281-4073 www.iowa.gov/ethics BOARD MEMBERS:

James Albert, Chair
Patricia Harper, Vice Chair
Gerald Sullivan
John Walsh
Saima Zafar
Carole Tillotson

March 15, 2011



Phyllis Blanchard, Chair Carroll County Democratic Central Committee 613 Southdale DR Carroll, IA 50401

Dear Ms. Blanchard:

We have received your January 19, 2011 campaign disclosure report in our office. The report was prepared and filed on paper. Effective January 1, 2011, all Central Committee reports were mandated to be filed electronically.

Due to recent turnover in audit staff and transition activities, we will accept this paper filing for the January 19, 2011 due date. Please be aware that this is the LAST paper report we will accept as filed. Future reports received on paper will be returned and late filing penalties may apply if the report is not electronically submitted in a timely manner.

Your next report is not due to be filed until January 19, 2012. Please make sure that your treasurer or report preparer has access to the electronic filing system or have them contact the Board's staff for login information.

You, as the chair of the committee, are the person responsible by law for the accurate and timely filing of these reports. If you have questions or concerns, please contact the Board's staff.

Sincerely,

Sharon Wright Administrative Staff sharon.wright@iowa.gov